

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <b>POWER OF ATTORNEY<br/>OR<br/>REVOCATION OF POWER OF ATTORNEY<br/>WITH A NEW POWER OF ATTORNEY<br/>AND<br/>CHANGE OF CORRESPONDENCE ADDRESS</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/650,003</td> </tr> <tr> <td>Filing Date</td> <td>August 27, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>John B. Gunter</td> </tr> <tr> <td>Title</td> <td>LED LIGHTING SYSTEM</td> </tr> <tr> <td>Art Unit</td> <td>N/A</td> </tr> <tr> <td>Examiner Name</td> <td>Not Yet Assigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>34822-00017</td> </tr> </table> | Application Number  | 10/650,003 | Filing Date | August 27, 2003  | First Named Inventor | John B. Gunter      | Title | LED LIGHTING SYSTEM | Art Unit | N/A | Examiner Name | Not Yet Assigned | Attorney Docket No. | 34822-00017 |
|---|--|---------------------|------------|-------------|--|----------------------|---------------------|-------|---------------------|----------|-----|---------------|------------------|---------------------|-------------|
| Application Number  | 10/650,003   |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| Filing Date   | August 27, 2003  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| First Named Inventor  | John B. Gunter   |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| Title   | LED LIGHTING SYSTEM  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| Art Unit  | N/A  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| Examiner Name   | Not Yet Assigned   |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| Attorney Docket No.   | 34822-00017  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| I hereby revoke all previous powers of attorney given in the above-identified application.  |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| <input type="checkbox"/> A Power of Attorney is submitted herewith.<br>OR<br><input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">61060</div> |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| OR<br><input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:   |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Practitioner(s) Name</th> <th style="width: 10%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> </tr> </tbody> </table>  | Practitioner(s) Name   | Registration Number |            |             | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Practitioner(s) Name</th> <th style="width: 10%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> </tr> </tbody> </table> | Practitioner(s) Name | Registration Number |       |                     |          |     |               |                  |                     |             |
| Practitioner(s) Name  | Registration Number  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
|   |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| Practitioner(s) Name  | Registration Number  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
|   |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| Please recognize or change the correspondence address for the above-identified application to:  |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| <input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number:<br>OR<br><input type="checkbox"/> The address associated with Customer Number: <div style="float: right; border: 1px solid black; width: 150px; height: 20px; margin-top: 10px;"></div>  |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| OR  |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| <input type="checkbox"/> Firm or Individual Name  |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| Address   |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| City  |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| State   |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| Zip   |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| Country   |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| Telephone   |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| Email   |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| I am the:   |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| <input checked="" type="checkbox"/> Applicant/Inventor.<br>OR<br><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____   |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| <b>SIGNATURE of Applicant or Assignee of Record</b>   |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| Signature   | Date   |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
|   | 30 DEC 2009  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| Name  | Telephone  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| Marty Masias  |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| Title and Company   |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| Luminator Holding, LP   |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.  |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |
| <input type="checkbox"/> *Total of <u>1</u> forms are submitted.  |  |                     |            |             |  |                      |                     |       |                     |          |     |               |                  |                     |             |